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UTILITY PATENT APPLICATION TRANSMITTAL

Attomey Docket No. 520,40043X00 First Inventor or Application Identified Toshimichi KISHIMOTO

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	PPLICATION ELEMENTS		ADDRES	Assis	tant Commis	sioner for Patents	٥ و		
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	deference to Microfiche Appendix ackground of the Invention								
	rief Summary of the Invention		7. Assignment Papers (cover sheet & document(s))						
- B	rief Description of the Drawings (if filed)							
- D	etailed Description			7 C.F.R.§3.73(b) Statement X Power of Attorney					
	claim(s)		9. English Translation Document (if applicable)						
- Abstract of the Disclosure - Abstract of the Disclosure Disclosure Copies of IDS							3		
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4. Oath or I	Declaration [Total	l Pages 5		iminary Amend		D 500)			
a	X Newly executed (original or copy) 12. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)								
b.	Copy from a prior application (for continuation/divisional with I	n (37 C.F.R. § 1.63(d Box 16 completed)))	nall Entity	-	t filed in prior applic	cation		
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	inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). (if foreign priority is claimed) Other: Credit Card Payment Form								
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TOTAL AMOUNT OF PAYMENT

(\$)750.00

Complete if Known						
Application Number						
Filing Date	April 26, 2001					
First Named Inventor	Toshimichi KISHIMOTO					
Examiner Name						
Group / Art Unit						
Attorney Docket No.	520.40043X00					

Date

04-26-01

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)							
1. The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES							
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1. BASIC FILING FEE Large Entity Small Entity	117	870	217	435	Extension for rep	oly within thire	d month	0.00
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106 310 206 155 Design filing fee 710.00	119	300	219	150	Notice of Appeal			0.00
107 480 207 240 Plant filing fee	120	300	220	150	Filing a brief in s		appeal	0.00
108 690 208 345 Reissue filing fee	121	260	221	130	Request for oral	•		0.00
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104 260 204 130 Multiple dependent claim, if not paid	149	690	249	345	For each addition			
109 78 209 39 ** Reissue independent claims					examined (37 CF	·K § 1.129(D)))	0.00
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SUBTOTAL (2) (\$) 0.00	*Redu	iced by	Basic	Filing	Fee Paid S	SUBTOTAL	(3) (\$) 40	0.00
SUBMITTED BY Complete (if applicable)								
Name (Pnnt/Type) Alan E. Schiavelli		Pagistration No. 1				703-312-	6600	
Alan E. Schlavelli		(Attorne	y/Agent)	<u>'</u>	32,007	,	103-312-	-0000

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